TORONTO'S SHELTER SYSTEM PAST COVID:

Insights from the Pandemic to Inform Post-Pandemic Planning

August 2022

BGM Strategy Group

Acknowledgements

This report was written by BGM Strategy Group on behalf of all contributors. We would like to thank them for sharing their experience and insights with us. The wisdom is theirs; any errors are ours.

Our gratitude for the partnership of the Toronto Shelter Network and its Peer Champions for bringing the richness of the lived experience survey into this report.

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Introduction

This report offers insight to the City of Toronto Shelter, Support and Housing Administration (SSHA) to inform ongoing planning and engagement around the decommissioning of temporary shelter sites established to enable physical distancing during the COVID-19 pandemic. Generated through consultation with shelter residents, frontline workers, providers, advocates, and system partners, it contains their best advice from lessons learned through an unprecedented reinvention of the shelter system. It represents a starting point for continued engagement and consultation to inform ongoing planning.

> *"This is an opportunity to move past what we had before COVID."*
>
> *– Advisory Committee member*

The COVID-19 pandemic changed the City of Toronto's shelter delivery model. Shelter operators and the City were forced to act quickly to adhere to public health guidelines and physical distancing requirements. The City of Toronto and SSHA responded by opening 48 temporary shelter sites, largely in hotels, throughout the city.

The temporary sites required a profound reimagining of shelter services: residents went from primarily shared rooms to mostly individual rooms; staffing models adjusted and adjusted even more to compensate for COVID-19 protocols and staffing shortages. System partnerships were strengthened as pre-pandemic goals that once seemed lofty – such as integrated, on-site health, harm reduction and housing support – suddenly became immediate action items.

This transformation was not easy, nor perfect. But perhaps more than any other lesson drawn from this experience is the now-demonstrated fact that transformation is possible. It is possible for actors across systems and governments to collaborate and each do their part to radically change, and in many ways improve, the provision of shelter and supports for people experiencing homelessness. Despite the exhaustion stemming from over two years of pandemic, and anxiety over the uncertainty about what would come as pandemic initiatives unwind, most respondents represented in this report expressed optimism that continued evolution of the homeless serving system is possible, and eagerness to contribute.

Continued improvement of living standards provided through the shelter system is imperative. The City of Toronto has adopted a human rights-based approach to housing. A human rights-based approach to housing includes: meaningfully engaging with people experiencing or at risk of homelessness, ensuring a 'comprehensive' approach by incorporating the perspectives of a diverse range of stakeholders, budgeting based on 'maximum of available resources' standard, and non-regression – not backsliding on gains that rights holders had previously enjoyed.[1] This report contains several constructive ideas for how we as a city can leverage the opportunity demanded by change, to continue to advance the progressive realization of the right to adequate housing.

While the answers may seem obvious to some of our respondents, no one is suggesting they will be easy. Temporary shelter sites now represent 40% of Toronto's shelter capacity. All orders of government will determine what unfolds next, and what resources are available to the City of Toronto as it seeks to build on the best of what was achieved during the pandemic, or at least maintain the gains highlighted in this report.

It's important that we get this right. Many of the people residing in shelters have been let down by systems before. We have a responsibility to them. The way that services are structured and the types of services available are important to ending homelessness; supporting the most marginalized and vulnerable in Toronto; and ensuring that enough trust is built or maintained so that individuals don't "opt out". The shelter system must be, and be perceived to be, safer than a tent or encampment.

The temporary shelter sites, and the innovations that occurred within them, offer many lessons as we plan for the next generation of the shelter system. This report summarizes the best advice from a wide range of informed stakeholders about what worked about these sites, what didn't, and what we should be aiming for as the City plans for the next stage of transformation. Respondents were unanimous, and knowingly or not, echoed the human rights principle of non-regression: in their view, going back to the way things were pre-pandemic isn't an option. These insights offer suggestions and considerations for SSHA and its system partners as we chart a way forward.

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[1]Michèle Biss, Bruce Porter, Sahar Raza & David Desbaillets, Progressive Realization of the Right to Adequate Housing: A Literature Review (2022).

About This Report

This report was generated through a process convened by City of Toronto Shelter, Support and Housing Administration, and executed by BGM Strategy Group. It was led by an Advisory Committee of leaders in homelessness services provision with firsthand experience in the temporary shelter sites, and supplemented with consultations with:

- Clients and people with lived experience[2]
- Executive staff of organizations operating shelters, respite centres, and hotels
- Frontline staff
- The Toronto Indigenous Community Advisory Board
- Housing as a Human Right experts and advocates
- Health partners
- Black-led and Black-serving organizations
- SSHA staff

"These are people who have been 'decommissioned' at multiple times in their lives, and here we are again. It's important we get this right."

– Focus group participant

Consultations were held between February and May, 2022. Consensus was not necessary, although for many issues an organic consensus emerged.

This report was written by BGM Strategy Group on behalf of all contributors. A full list of all contributors consulted for this report can be found in Appendix A.

This report has been organized into three sections. Firstly, we will examine lessons learned, including the successes and challenges of temporary hotel shelter sites. Secondly, we will

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[2] Lived experience surveys were completed in partnership with the Toronto Shelter Network, through the efforts of Peer Champions. BGM would like to express our gratitude for the richness their work brings to this report.

share feedback from our stakeholder groups which look to the future, envisioning how an ideal shelter model could evolve to better meet the needs of those it serves. Finally, we will examine specific advice provided by stakeholders on the transition itself, including ways to minimize the impact on residents and maintain continuity of service throughout.

Strengths of the Models Realized in the Temporary Shelter Sites

Though their original motivation was to realize physical distancing to accommodate COVID-19, respondents highlighted several benefits to the models ultimately realized in the temporary sites.

Private Rooms

Every stakeholder group we spoke with highlighted the importance of private rooms in providing residents with dignity and a more "normal" living situation. Many highlighted the transformative effects of private accommodations in providing a greater sense of safety and security to residents, and more direct pathways to leave homelessness. Members of our Advisory Committee also noted that private accommodations had a positive impact on discouraging encampment living because accommodations were superior while maintaining dignity and privacy.

> *"COVID has taught this city that dorm-style shelters are unacceptable."*
>
> *- Advisory Committee Member*

Many also highlighted the positive impact private rooms have on the overall mental health of residents. One focus group participant noted that congregate settings can aggravate existing mental health conditions, as well as impact those around individuals experiencing mental health challenges who may be disrupted by their behaviour. Lack of sleep, personal space, and quiet can create mental health issues in those who did not have mental health concerns prior to arriving at shelter. This was alleviated through private rooms.

Our survey of people with lived experience was in line with the advice from the Advisory Committee and our focus groups. 77% of respondents indicated they felt that hotel shelter sites met their needs better than previous models, and 73% indicated they would prefer to be accommodated in private rooms or areas in the future.

Respondents validated that the use of hotels as temporary shelter sites during COVID-19 to improve physical distancing and isolation measures during the height of the pandemic were extremely important. It provided a degree of safety from exposure for residents and staff and made it easier to isolate residents who were symptomatic or tested positive for COVID-19. Several focus group participants and Advisory Committee members pointed out that other infectious diseases, not just COVID-19, are a major concern in congregate shelter settings. They believe the widespread implementation of private accommodations are a positive step forward to preventing localized outbreaks of other diseases within the shelter system.

Respondents highlighted the stabilizing effects of privacy that hotel shelter sites realized for residents. Private rooms provided a measure of normalcy and consistency that enabled shelter residents to focus on other important goals in their lives, such as job searching, skill building, or addressing substance use or their mental health.

Conversely, many focus group participants noted the lack of privacy in congregate shelters and the added chaos can be destabilizing and make it difficult to focus on these goals which, for many residents, represented a pathway to exit homelessness. 83% of lived experience survey respondents stated 'privacy' as the most important aspect in a personal area in a shelter.

Some frontline providers noted that for many people experiencing chronic homelessness, having a room with a bed, a bathroom, and a lock is transformative. When you have no space to call your own, no place for quiet and calm, or nowhere to go during the day, it is nearly impossible to address anything else in your life except your need for shelter. Providers observed that residents developed greater autonomy, heightened self-worth, and "found their voice" in hotel shelter sites. This fueled a greater desire to improve their own lives, advocate for themselves, and live more independently.

Expanded, Integrated Service Delivery

Reorienting service delivery with the need for physical distancing and isolation during the pandemic had the inadvertent effect of achieving significant gains in integrated service delivery within the temporary shelter sites. In trying to limit the necessity for shelter residents to visit multiple locations to access services, partners from across sectors achieved gains in

coordinating and co-locating services in the temporary sites, built around the needs of the residents of each site.

The people with lived experience survey reflects residents' perception of service delivery and availability. Residents recorded high levels of satisfaction with access to many types of services:

- **Access to primary health care**: 50% were satisfied, 18% were very satisfied

- **Access to housing services/worker**: 38% were satisfied, 19% were very satisfied

- **Access to internet**: 37% were satisfied, 30% were very satisfied

- **Referrals to the services I need**: 40% were satisfied, 19% were very satisfied

- **Access to on-site services and/or programs**: 41% were satisfied, 18% were very satisfied

Many highlighted the importance of the low barrier, expanded service model delivered within the shelter. They emphasized the importance of healthcare services, mental health services, and harm reduction services. Many commended these services for alleviating pressure on hospitals, reducing overdose risks, and helping vulnerable residents to stabilize their mental health.

Systems Collaboration

In response to the COVID-19 pandemic organizations from across the city mobilized urgently to collaborate and provide much needed services to residents experiencing homelessness. New partnerships and programs were forged, and others expanded, including in harm reduction or coordination around discharge from hospital, or programs meeting and integrating people being discharged from prison. We recognize the teamwork and dedication displayed by these organizations. It should be encouraged in future system iterations. It made a difference.

Establishing and bringing a range of cross-systems services into the temporary shelter sites amplified systems planning that had been underway prior to the pandemic. The practice of innovating through trial and error in the temporary sites cemented goals of working together

into tested working relationships at the frontline and management levels – notably with health system partners. At the systems planning level, advisory group members noted the integral leadership of sector networks such as Toronto Shelter Network and the Toronto Alliance to End Homelessness, and commended SSHA for continuing to consult and meaningfully engage the homeless serving sector in its thinking and planning.

Recovery sites

The establishment of COVID-19 recovery sites, with robust services and care provided, were transformative in better managing discharges of patients experiencing homelessness. Respondents from the health sector emphasized the importance of having a place to send patients who needed to convalesce but were able to be discharged from hospital care. This both alleviated pressure on the overextended hospitals in the city, but also prevented individuals from being readmitted.

> *"People could be discharged and have a few weeks to stabilize and be healthy. They had workers to watch over them and create a follow-up plan. That isn't possible in hospitals."*
>
> *– Health Sector Participant*

Recovery sites also played an important role in stabilization, preventing exacerbation of medical issues by allowing residents the time needed to recover and stabilize medically, prior to re-entering shelter. Advisory group members and some focus group participants speculated the recovery sites improved health outcomes and resulted in material savings to provincial systems.

Weaknesses of the Models Realized in the Temporary Shelter Sites

Respondents observed several weaknesses of the models across temporary sites. Some of these relate to the built form, which is building specific and not equally relevant across all sites.

Other comments speak to the need for a different built form to have a corresponding staffing structure in place to support it. Others highlight requirements to serve the needs of specific populations. Respondents offered these critiques to highlight areas for further development and iteration, building on the gains referenced above. In no way should they be construed as an indication of failure or signal to turn back to pre-pandemic models.

Lack of Programming Space – A common remark heard from our Advisory Committee, and supported by other stakeholders, was the challenge of the hotels' built form presented for service delivery. Many of the temporary spaces are not well-equipped with programming space. This affected service delivery for almost all programs, from arts and crafts nights to group counselling sessions. While built form of the temporary hotels was not something shelter operators could control during the pandemic, it should be a vital consideration when selecting or building shelter space in the future.

Overdose Risk – While private accommodations were hailed as a positive step forward for the shelter system, many respondents also highlighted that with a poisoned drug supply, those who use substances had more opportunity to use alone – a significant risk factor for overdose.

Many we spoke to expressed concern and sadness over the increase in overdose deaths in the shelter system during COVID-19. They emphasized the need for continued and expanded harm reduction supports and peer workers to maintain and further evolve safety measures.

Harm reduction focus group participants emphasized that they believe private accommodations can be made safer for individuals who use substances if supports are robust and safety plans are adjusted.

> *"Because of closed doors, because of sound barriers – these things are important for dignity, but we need to do more to ensure safety of use in our spaces."*
>
> *- Advisory Committee member*

Safety for Women – Women and women-identifying individuals also experienced vulnerabilities in the temporary shelter sites. Respondents noted that while individualized rooms with locked doors presented a safer space for women once inside, long distances

between communal spaces and their rooms presented greater risks due to isolation. Some respondents called for more trauma-informed placements for individuals who may be retraumatized by a hotel shelter placement, such as for women who have been trafficked. Frontline staff survey respondents also noted this issue in write-in responses, asking for expanded protections for vulnerable women in shelter. They called for greater accounting for trauma, background, and security risks for women – including those in relationships – on intake and throughout their stay in shelter.

Hoarding and Pest Control – Respondents noted that with private rooms staff needed to provide more support and closely monitor hoarding behaviours. Seemingly innocuous acts such as eating or keeping food in the rooms could, like hoarding, contribute to pest control challenges. Frontline staff commented that while private rooms increased the opportunity for hoarding and pest control challenges, especially as residents are first acclimatizing to their new environment, adequate housing support workers could mitigate the risks.

Safe Use of Amenities – Some respondents noted that for certain populations, private rooms contained elements that could present safety risks. For example, residents with cognitive impairments or without the right harm reduction approach may flush items (large items, needles, etc.) down the toilet, leading to flooding and damage. In the temporary hotel sites, there were also instances of residents smoking in rooms or improperly storing items such as large batteries resulting in fires. Some members of the Advisory Group pointed to successful made-in-Toronto hybrid models, which offer private rooms with shared bathrooms and kitchen spaces: enabling both privacy and access to amenities that can be more frequently monitored and supported.

Youth Require a Youth-Specific Shelter Model – Respondents emphasized the need to approach youth homelessness differently. What works for adults does not work the same way for youth. Youth providers observed young people find an excess of privacy to be demotivating; individualized shelter options such as those realized in temporary hotel sites are less beneficial for youth. In communal living, youth can find more supports in the development of vital life skills.

Lessons learned applicable to any model

Outside of observations about the specific models realized in the temporary shelter sites, the experience has raised or reinforced other lessons, highlighted here:

Housing is the solution to homelessness – Respondents were unequivocal that permanent housing that meets the needs of the individual is the solution to homelessness. Over 84% of respondents to the lived experience survey cited 'lack of affordable housing' as the main barrier to moving from shelter to housing. To that end, many observed that because of their built form and innovative service delivery models, temporary shelter sites have acted as transitional housing. The combination of private accommodations more akin to apartment living than shelter living, alongside integrated supports, can realize a transitional housing model supporting a pathway to permanent housing.

> ## *"Hotels have served as de facto transitional housing."*
>
> *- Advisory Committee member*

The Advisory Committee noted that some base system shelters could be reconfigured as transitional or even permanent supportive housing, increasing the system's ability to get people housed. This idea was reiterated across many of the focus groups, key informant interviews, and surveys. While converting some shelter space into permanent or transitional housing would diminish overall shelter system capacity, respondents argued it would also diminish need for shelter system capacity. For the small portion of chronically homeless people for whom Housing First approaches may be less effective (*At Home Chez Soi* estimated this number to be as high as 20%) and who are essentially living permanently in shelter, the most applicable solution may be to create housing where they are. The Advisory Committee encouraged the City to explore piloting the expansion of hybrid models.

Community is critical – Living with many of the same individuals throughout the pandemic has created communities amongst residents within temporary shelter sites. Respondents noted the combination of private and communal space enabled more healthy relationships between residents. The added stability of living in the same place over time also assisted in this regard. For many people experiencing homelessness, whose familial and other support systems are

frequently damaged, the organic development of community contributed greatly to their well-being and stability.

Providers were hopeful there could be a way to preserve and maintain these communities as sites are decommissioned. They highlighted the need to explore this possibility further in the context of the Coordinated Access prioritization approach, to which many of the Advisory Committee members had also offered advice.

Further development with providers and SSHA may help to balance the prioritization approach centred on need (as opposed to community or location), with the greater likelihood of success and housing stability for people with community and support networks. They also asked the city to think hard about how to recreate these kinds of enabling environments, with combinations of private and communal space, to realize the organic development of community in other locations.

Diversion and Rapid Rehousing Work

Many stakeholders celebrated the rapid rehousing of shelter residents, particularly for youth. The temporary hotel shelter site deployment demonstrated an ability to rapidly rehouse many people at once.

> *"We've proven that rapid rehousing really can work for some youth, especially newcomer youth."*
>
> *- Advisory Committee member*

Unfortunately, many are not being diverted simply because deeply affordable and/or supportive housing does not exist for them to be diverted to. Respondents to the lived experience survey indicated where they had lived prior to arriving at the temporary hotel site. 31% indicated that, prior to living in shelter, they had been renting apartments. This is the same percentage of respondents (31%) who indicated they had transferred from another shelter. There is a potential to diminish demand on the shelter system if we can get diversion right.

"Diversion works. We aren't doing it in Toronto."

- Advisory Committee member

Harm Reduction and Peer Workers Save Lives

Respondents lauded the gains that have been made in harm reduction approaches throughout the pandemic, while recognizing further improvement is needed. Temporary sites realized significant steps forward in harm reduction. Providers learned, systems met and collaborated at a deeper level, and higher levels of support were available to residents.

Many respondents noted the traumatizing effects of so many overdose deaths on individuals working in shelter. There was a strong desire for continued and expanded collaboration between shelter operators, frontline staff, and harm reduction services.

Peer workers, harm reduction workers and some shelter providers spoke of encountering resistance to harm reduction from some shelters, stemming from a general lack of knowledge, and even discomfort. While openness or reluctance to adopt a harm reduction approach frequently manifests at the frontline level, the advisory group noted the enabling culture requires commitment from the top. Improving harm reduction approaches, and systematically embedding a continuum of harm reduction offerings across the shelter system was a priority across all respondent groups.

Shelter Staff Need to be Highly Skilled, Trained and Supported

A great deal is asked of staff who serve and support the marginalized and vulnerable individuals in shelter. Respondents stressed that adequate pay, training, leadership support, and stability is needed to cultivate staff who can best serve people experiencing homelessness. Attracting and retaining staff with the talent and aptitude to serve the increasing complexity of homeless populations is an ongoing challenge for providers. That challenge is compounded in the temporary shelter sites, which require significant staffing to

support (among others) the most challenging populations in frequently large buildings but can offer no job security to staff.

Staff are the first and last point of contact for shelter residents. Consistency and adequate training helps staff to build trust and rapport with residents, which fosters a culture amongst residents that views shelter more positively. Trust building and relationship building with residents is required before many shelter residents can be open to accepting assistance. It takes depth of skill and preparation to do this kind of work.

Lived experience respondents illustrated the need for a diverse range of supports and services. Presented with a list of 15 services, all 15 were deemed "very important" or "somewhat important" to over 80% of respondents. Access to housing help received the highest support, with over 85% deeming that "very important" and over 99% of respondents deeming housing help as the most important service to have at all homeless serving sites. The second most important service, with over 97% support (almost 80% deeming it "very important"), was help accessing supportive housing.

Anti-Racism and Anti-Oppression Must be Strengthened

Racialized people make up almost 60% of those experiencing homelessness in Toronto, according to the most recent *Street Needs Assessment.* Indigenous and Black people make up the largest groups within that category. Both are vastly overrepresented among those experiencing homelessness, relative to the overall population.

The homeless serving system continues to make progress in baby steps. There is a long way yet to go to undo the systemic racism embedded throughout the systems that impact people experiencing homelessness. This remains true from the systems to the individual level.

None of the temporary shelter sites were operated by Black-led Black serving organizations. Additionally, Indigenous providers expressed frustration at their experience bringing access to cultural programming into the temporary sites. Respondents described a lack of responsiveness creating barriers to coordinating with non-Indigenous providers to bring

cultural programming into the temporary sites. One Indigenous provider shared experiences of putting up information posters at a hotel site, only to find them torn down.

Black leaders spoke of the disconnect between the shelter system and Black oriented community services. They noted the importance of Black leadership within the homeless serving sector to anticipate the needs of Black people experiencing homelessness. They suggested that Black leadership in the homeless serving sector would bring a different cultural approach to a range of areas, from food to communication to trust-building.

Both groups offered advice for improvements going forward – For Indigenous people, that means self-determination. It also means funding and connections so Indigenous people residing in non-Indigenous shelters can access cultural programming offered by Indigenous organizations, and greater training to non-Indigenous shelter operators and staff to be more open to facilitating connections to those programs.

Black organizations and advocates also echoed the desire for more cultural programming. Respondents emphasized promoting Black leadership across the homeless serving system as another critical component to gradually shift the culture.

Respondents stressed the need for continued and regular consultations with Indigenous and Black-led Black-serving organizations and operators to ensure that their voices are heard in the development of more robust anti-racism and anti-oppression frameworks within future iterations of the system.

Respondents described a clear direction for the system to shift: greater dignity and support for shelter residents, with tighter integration from homelessness to housing. They shared several ideas of what an improved model could look like, sorted here into four categories for the City to consider.

Across all these areas, the City should be guided by its commitment to human rights, including the Right to Adequate Housing and the Rights of Indigenous People. Further, the decisions the City will take to determine the next iteration of the shelter system will occur within the International Decade for People of African Descent. Principles of meaningful engagement and improvement in partnership should therefore guide further development in each of these areas.

System Design

Respondents described a future system that benefits from the current diversity of options and models available, while building in greater rigour and introducing more systematic organization of a comprehensive range of service models and approaches that can be matched with need.

The Advisory Committee envisioned a more integrated continuum from shelter to housing (transitional, supportive, and deeply affordable). They described integration occurring at different levels, which are not mutually exclusive:

- **Within sites** – Advisory Committee members proposed enabling individual shelter sites in incorporate both shelter and either transitional or permanent supportive housing. There is precedent for this model at the former Strachan House. This model involves both shelter, operating under shelter standards, as well as permanent supportive housing operating under the Residential Tenancies Act, within the same envelope. As realized at Strachan House, this model is tailored to the highest-needs individuals – that minority of the homeless population who de facto live permanently in shelters or

outdoors. This model could leverage the 24/7 support and familiarity of shelter, while adding the dignity and permanence of housing. Some Advisory Committee members suggested conducting a segmentation of high-support populations in concert with the City's capital planning process, to identify individuals and sites that could lend well to this model.

"We have to start creating housing opportunities for people who have lost a lot of skills."

- Advisory Committee member

- **Within provider portfolios** – The Advisory Committee discussed deploying hybrid models to create mini continuums within a provider's own portfolio. This could enable flexibility at intake and stratified service offerings better matched to people's needs. Providers could offer a range of relevant service models, including harm reduction approaches (e.g.: to allow shelter residents greater choice and flexibility in selecting an environment conducive to where they are in their journey). Some members of the Advisory Committee noted this approach could enable greater system flow by enabling providers to better match services to individual need and facilitating internal transitions as need levels change.

- **Across the shelter system** – Respondents suggested encoding the current diversity of approaches into a systematic continuum and then working as a system to fill any gaps. They noted some reinvention in this direction had already taken place during COVID, for instance in the creation of distinct convalescent spaces for people being discharged from hospital with health issues related to COVID-19. Others highlighted areas calling out for reinvention, such as 24-Hour Respite Sites, which some members of the Advisory Committee noted are high-cost parts of the system that could provide greater impact for investment. Still others emphasized the need for this work to consider other types of need, such as the aging population. People experiencing homelessness are aging, and they are doing so faster than the general population or their chronological age. There is a need for supportive housing for people who are not able to live independently again.

- **From shelter to independent housing** – Many respondents emphasized the need for continuation of services and follow-up supports into housing, including case

management, food security, and harm reduction. Many people with lived experience who responded to the survey requested follow-up supports after they no longer reside in shelter in write in responses. Operators of the temporary hotel sites noted some residents turned down housing out of concern that they would lose access to the supports and community connections they rely on for housing stability.

- **These evolutions are not mutually exclusive** – Respondents, especially Advisory Committee members, urged SSHA to consider these options and work with the sector to further their development.

Built Form

Overwhelmingly, respondents stressed that dorm-style shelters should be reserved for temporary surges of people requiring shelter (such as environmental calamity). Beyond that imperative, they expressed a great deal of flexibility for the built form that can make a decent shelter.

In terms of size or scale, there were differing opinions among respondents. Some of the Advisory Committee members suggested that certain sites, such as Maxwell Meighen, are too large. This was echoed by others who believe that smaller shelters tend to be more effective. While not necessarily disagreeing, others pointed out that even some larger sites can be configured to create smaller, community-scale groupings of residents inside. Still others noted that larger buildings come with higher operational costs and staffing needs. Overall, respondents were reticent to reject any opportunity to increase capacity in the face of so much need.

The size of the building – whether a shelter houses 30 people or 300 – was of lesser concern to shelter residents. Of greatest importance to shelter residents:

- **Having space for me and my things** – 83% stated very important, 14% somewhat important

- **Access to outdoor space** – 68 % stated very important, 24% somewhat important

- **Condition of building** – 67% stated very important, 26% somewhat important

Purchasing some of the temporary site hotels seemed sensible to many, but respondents noted that hotels are not the only solution. Some even pointed out these buildings present their own challenges. (For example, while individual rooms can protect people from communicable disease, there may not be enough stairwells or elevators to travel safely through the building and maintain physical distance.) The Advisory Committee suggested if the City has the opportunity to purchase any of the temporary shelter sites in hotels, they should be converted into supportive or transitional housing – not used for emergency shelter.

There was a recognition from the Advisory Committee that built form requires greater thought and evidence to inform future development. Continued reorientation towards housing means shelter's place in the continuum can be redefined.

Funding Models

Some suggested that enabling the system to house people experiencing homelessness is less about transforming the physical plant than it is about the funding operating models used. There were many calls to review and redesign funding models across the system. Shelter providers noted how different levels of funding are directed at different providers and sites across the city, including different rates of pay for providing the same services, as evidence the system could be making more intentional use of funds.

Despite funding failing to keep up with need overall, participants identified areas where, if given the latitude to reinvent, services could be expanded within current funding envelopes. Participants identified harm reduction and 24-Hour Respite Site services as areas where there is the potential to do more with the same funding.

Respondents described a future system achieving greater consistency with staff training and compensation, and increased staff-to-client ratios, particularly with housing and case workers. The latter issue was raised frequently by the Advisory Committee, focus groups, and in our survey of people with lived experience. There was widespread concern over the lack of adequate housing workers or case workers, and the caseloads they are expected to maintain.

Respondents across sectors were afraid harm reduction approaches, largely funded through COVID funds, would cease as the temporary sites were decommissioned. Health system partners in particular expressed concern that the integration and partnership realized through the pandemic would have to be terminated if the Ministry of Health chose to unwind the funding to continue it. All respondents emphasized the need for all orders of government to keep supporting harm reduction work and expanding it across the shelter system.

Collaboration for Transformation

Respondents articulated a future system that fully realizes cross-sector collaboration and service integration around the individual. Health system partners noted that their continued partnership would depend upon their provincial government funders continuing COVID-era funding. All respondents expressed hope that all orders of government acknowledge through their attention and resourcing that COVID-19 was but one crisis facing people experiencing homelessness and sustain the funding levels and willingness to move quickly and innovate reached during the pandemic.

Respondents were adamant that any model going forward should be collaborative with the sector and individuals experiencing homelessness. Advisory Committee members expressed appreciation for sector network groups such as the Toronto Alliance to End Homelessness and Toronto Shelter Network in their role as sector representative organization who can work with SSHA as it pursues a transformation agenda.

The Advisory Committee voiced support for collaborating across systems to establish a full continuum; not just a range of alternatives (as exist today), but a suite of options that can serve the diversity of need and adapt as individual needs change. Achieving this will be challenging; transitioning from temporary COVID-19 sites presents the catalyst to begin this exercise and continue it over the coming years. There is widespread belief in the system's capacity to transform.

Over the course of this project, the City of Toronto was working to extend agreements for numerous temporary sites. By the consultation's conclusion, SSHA confirmed that the majority of sites would have agreements extended for another year. They anticipated up to five sites would be decommissioned in the coming year, and two sites were decommissioned in April 2022. This provided a reprieve in which the Advisory Committee considered how best to use that time to plan, prepare, and support residents through the coming transition.

The Advisory Committee offered a number of general suggestions to guide SSHAs approach to decommissioning temporary shelter sites. Recognizing this was but the beginning of ongoing engagement, the Advisory Committee also offered an agenda for an ongoing conversation over the coming year.

Advice for when a Temporary Site is Decommissioned

Clear Communication

There were frequent calls for improved communication throughout the transition. Many respondents emphasized the negative impact that unclear communication can have on the resident population, such as intensifying anxiety or breaking trust with unfulfilled promises. They encouraged the City to communicate clearly, frequently, and accurately to ensure that all parties are aware of what will happen and when.

"It will create a lot of anxiety."

- Advisory Committee member

Adequate Prep-Time

The Advisory Committee noted that, while most providers are agile and adaptable, they will still require some lead-time to adequately prepare for the transition. Most agreed a minimum

of three months to prepare would be ideal. This preparation time is not simply for providers, human resources planning, or staff, but also for the benefit of residents.

Preserve Communities Wherever Possible

While this may be complex to execute for all cases, the Advisory Committee advised preserving existing resident communities whenever possible. This will provide residents with added comfort of familiar faces and help them to maintain their support systems.

Decant Buildings Gradually

The Advisory Committee questioned the feasibility of transitioning all hotel residents at one time. They raised concerns doing so could create a chaotic, confusing, stressful situation for all involved. The Advisory Committee suggested that residents are transferred from hotel sites in smaller cohorts. They further suggested that intake stop in sites that will be decommissioned such that they empty gradually, so fewer residents need to be moved from one shelter location to another.

Plan Across Systems

The Advisory Committee stressed continuous engagement with agencies in other service systems, as well as engagement with the provincial and/or federal ministries responsible for supporting their work. They encouraged making every effort to ensure the systems integration and co-design that went into the temporary shelter sites can be iterated upon and recreated in the next evolution of the shelter system.

> *"Encampments cannot be policed out of existence."*
>
> *- Focus Group Participant*

Focus on Housing

Sites that are decommissioning should aim to place all residents directly into housing.

Sustain and Emphasize Harm Reduction

Respondents expect the stress of anticipating, preparing for and completing a move will increase the harm reduction needs of many residents. They proposed working closely with health system partners and peer workers to bring greater strength and flexibility to harm reduction supports in temporary shelter sites, and continuing those supports through a move to the next location – whether that be another shelter or housing.

Accountability to the Human Right to Adequate Housing

All stakeholders stressed a desperate need to reinvent the shelter system and not revert to old models. Many expressed disappointment and alarm at the concept of increasing density in congregate facilities. This fueled deep concerns that encampments would arise, regardless of attempts to discourage them.

Housing as a human right is embedded at both national and municipal levels. The Advisory Committee expressed a strong desire to hold government partners accountable to human rights principles. They also noted progressive realization, citing this moment in time as an opportunity to realize incremental improvements and continue the transition towards a human rights-based, housing-oriented approach.

Suggestions for Ongoing Engagement: 13-Months and Beyond

There was widespread support for ongoing co-planning and consultation between the SSHA and the sector as we prepare for the transition of the temporary shelter sites. There were five suggestions for how to continue this engagement meaningfully and productively.

1. **Consider a sector/population-specific approach.**

    - This is especially true in the youth sector, but others also noted the applicability of a population/sector-based approach.
    - Starting with analysis on need and inflow could establish diversion or conversion plans to systematically diminish required system capacity.

- o For youth, this means diversion.
- o For high-needs or chronically homeless clients, this could mean converting some shelters to supportive housing.

2. **Learn about models of transitional housing and system design from jurisdictions with proven results.**

   - We can build evidence informed plans by looking at the places that have diminished/eliminated homelessness, in Canada and internationally.

3. **Work across sectors and advocate to all orders of government to maintain services available in shelter sites.**

   - The services realized in temporary shelter sites can and should be offered everywhere across the system, if all orders of government are prepared to support them.

   - Harm reduction approaches could be further improved and available across the system.

4. **Define values and what it means to work from those values.**

   - Further engagement is needed to define, internalize and decide how to tangibly realize:
     - o Human Rights: Clearly define the human rights requirements of the shelter system and how to implement and maintain them.
     - o Dignity and Privacy: Mechanisms and evolved standards for preserving resident dignity and privacy, with specific operational guidance.
     - o Community: Examine methods for nurturing and preserving positive community bonds within the resident population which can be woven into existing programming and service models.

5. **Ongoing engagement should build on conversations to date and bring new information.**

   - o Providers are adept at working within constraints and excel at operations.

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- Make the constraints obvious and clearly understandable: Once constraints are known, there is a willingness to develop models that can achieve as much as is possible and feasible.

6. **Give partners something to respond to:**

   - This includes research, analysis, and new information or data.
   - Speak to the achievements over the past few years; a lot of ground has been covered.
     - Providers are tired but motivated.
     - The pandemic is not over, in the shelter system especially. For shelter system planning this has two implications. Firstly, ongoing information-sharing and education about COVID-19 as it develops. Second, pandemic precautions need to be sustained within the shelter system longer than in the general public. Shelter residents are higher risk individuals and shelters are high-risk settings. For the safety of residents, staff and the broader community, safety in the shelter system must be paramount.

Conclusion

Establishing temporary shelter sites during the COVID-19 pandemic required a whole scale transformation of the shelter system. SSHA, providers, and system partners mobilized and innovated in real time to safely provide shelter and other essential services to people experiencing homelessness. Winding down the temporary measures is also a transformational moment. Learning from the temporary sites can help guide SSHA as it considers with next iteration of the system.

This report represents the insights of a wide range of stakeholders interested in seeing the homeless serving system continue to improve. Despite exhaustion after two years of pandemic, there is a great deal of eagerness across the system to not miss this moment to build something better than what we had before. Respondents were aligned: we cannot go back. They are eager to work alongside SSHA to make a more effective, dignified, housing-oriented system for people experiencing homelessness in our city.

Appendix A

Contributors to this Report

Advisory Committee Members		
Name	**Title**	**Organization**
Aklilu Wendaferew	Assistant Executive Director	Good Shepard Ministries
Amy Buitenhuis	Manager of COVID-19 Transition, Shelter Support and Housing Administration,	City of Toronto
Andrea Chrisjohn	Board Designate	Toronto Council Fire Native Cultural Centre
Angela Hutchinson	Manager, Operations and Support Services , Shelter Support and Housing Administration	City of Toronto
Anabella Wainberg	Manager Quality Assurance, Shelter Support and Housing Administration	City of Toronto
Beth Edwards	Supervisor, Housing Services	Street Haven
Bob Duff	Executive Director	St. Simon's Shelter Inc.
Bobbie Gunn	Director Housing Services	Street Haven
Cindy Bruce-Barrett	Board Chair	Kennedy House Youth Services
Colin Bain	Assistant Executive Director	Salvation Army
Brother David Lynch	Executive Director	Good Shepard Ministries
David Reycraft	Director - Housing Service	Dixon Hall Neighbourhood Services
Gillian Mason	Executive Director	Street Haven

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Advisory Committee Members		
Name	Title	Organization
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Greg Rogers	Director of Shelters and Housing	Christie Ossington Neighbourhood Centre
Heather McGregor	Director of Advocacy & Communications	YWCA Toronto
Dr Jeffrey Schiffer	Executive Director	Native Child and Family Services of Toronto
Justin Lewis	Director of infrastructure planning and development, Shelter Support and Housing Administration	City of Toronto
Keith Hambly	Chief Executive Officer	Fred Victor
Kira Heineck	Executive Director	Toronto Alliance to End Homelessness
Kirk McMahon	Senior Manager of Shelter, Hospitality and Housing Support Services	Good Shepherd Ministries
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Lauren Kimura	Policy Development Officer, Shelter Support and Housing Administration,	City of Toronto
Louise Smith	Executive Director	Eva's Initiatives for Homeless Youth
Lynn Daly	Executive Director	Christie Ossington Neighbourhood Centre

Advisory Committee Members		
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Mario Calla	Executive Director	COSTI Immigrant Services
Mark Aston	Executive Director	Covenant House
Mauricio Urtecho	Executive Director	The Salvation Army of Canada
Mercedes Watson	CEO	Dixon Hall Neighbourhood Services
Nawal Al Busaidi	Director, Refugee Services	COSTI
Nicole Williams	Manager Homelessness Initiatives, Shelter Support and Housing Administration	City of Toronto
Nina Gorka	Director of Shelters and Clinical Services	YWCA Toronto
Patricia Mueller	Executive Director	Homes First Society
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Shelly Jaigobin	Executive Director	Kennedy House Youth Services
Sonja Nerad	Interim Executive Director	Toronto Shelter Network

Table 1 - Advisory Committee Members

The Shift - Human Rights Focus Group		
Name	Title	Organization
Julieta Perucca	Deputy Director	The Shift
Dr. Kaitlin Schwan	Director of Research	The Shift
Leilani Farha	Global Director	The Shift

Table 2 The Shift – Human Rights Focus Group

Toronto Indigenous Community Advisory Board (TICAB) - Focus Group		
Name	Title	Organization
Marlee Maracle	Reaching Home Manager	Aboriginal Labour Force Development Circle (ALFDC)
Aaron Bowerman	Mino Maaziwin Program	Native Canadian Centre of Toronto
Amanda Bahadur	Program Coordinator	Anduhyaun Inc.
Andrea Chrisjohn	Board Designate	Toronto Council Fire Native Cultural Centre
Angus Palmer	General Manager	Wigwamen
Blanche Meawassige	Executive Director	Anduhyaun Inc.
Chanda Kennedy	Director, Operations	Oneida Nation
Chris Maracle	Financial/Administrative Manager	Aboriginal Labour Force Development Circle (ALFDC)
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Jody MacDonald	Manager	Gabriel Dumont Non-Profit Homes
Kevin Wassegijig	CEO	Native Canadian Centre of Toronto
Lindsay Kretschmer	Executive Director	Aboriginal Legal Services (ALS)

Toronto Indigenous Community Advisory Board (TICAB) - Focus Group		
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Pamela Hart	Executive Director	Native Women's Resource Centre of Toronto
Patti Pettigrew	Founder & Executive Director	Thunder Woman Healing Lodge Society
Sarah-Mae Rahal	Operations Manager	Thunder Woman Healing Lodge Society
Stephanee Doucett	Indigenous Programs Coordinator	Aboriginal Labour Force Development Circle (ALFDC)
Steve Teekens	Executive Director	Na-Me-Res
Suzanne Brunelle	Senator	Toronto and York Region Métis Council

Table 3 - Toronto Indigenous Community Advisory Board - Focus Group

Confronting Anti-Black Racism (CABR) Steering Committee – Focus Group		
Name	**Title**	**Organization**
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Irene Birungi	VP, Information Security and CISO	Interac Corp.
Kriti Chadna	Policy Development Officer	City of Toronto
Ashleigh Hart	Research Analyst	City of Toronto
CJ Grant		Scarborough Women's Center
Desiree Dockery	Policy Development Officer, Co-chair	City of Toronto
Simone Carryl	Employment and Social Services	City of Toronto

Confronting Anti-Black Racism (CABR) Steering Committee – Focus Group		
Name	Title	Organization
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KayLee Morissette	Street Outreach Programs Officer	City of Toronto

Table 4 - Confronting Anti-Black Racism Steering Committee Focus Group

Maytree – Focus Group		
Name	Title	Organization
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Abigail Moriah	Founder	The Black Planning Group
Aline Nizigama	Director – Strategic Projects, Partnerships and Communications	Centre Francophone du Grand Toronto (Francophone Centre of Greater Toronto)
Amina Noor Midaynta	Program Manager	Midaynta Community Services
Cheryll Case	Founder	CP Planning
Eldon Holder Jr.	VP Philanthropy & Social Innovation	Dream Legacy Foundation
Emmanuel Duodu	Senior Manager	BMO Financial Group
Mahad Yusuf	Executive Director	Midaynta Community Services
Margaret Nelson	Advisor, Member, retired RN	Various Groups
Melana Roberts	Community Development Officer	CABR Unit – City of Toronto
Meseret Asneke	Community Development Officer	CABR Unit – City of Toronto
Michelle Molubi	Community Development Worker	City of Toronto
Nemoy Lewis	Assistant Professor	Toronto Metropolitan University

Maytree – Focus Group		
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Teshini Harrison	Policy Analyst	Ontario Nonprofit Network
Vanessa Sindayihebura	Director of Finance & Operations	Margaret's Housing and Community Support Services

Table 5 - Maytree Focus Group

Healthcare – Focus Group		
Name	Title	Organization
Alan de Pass	Harm Reduction Crisis Intervention Worker	Street Health
Andrew Bond	Medical Director and Community Justice Centre Physician	Inner City Health Associates (ICHA)
Elizabeth Harrison	Nurse	Inner City Health Associates (ICHA)
Jenalle Los	Nurse Manager	Inner City Health Associates (ICHA)
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Jon Graham	Harm Reduction Crisis Coordinator	Street Health
Joyce Rankin	Clinical Manager	Street Health
Kapri Rabin	Executive Director	Street Health
Lorie Steer	VP of Urban Health	The Neighbourhood Group
Maura Pooran	Registered Nurse	Inner City Health Associates (ICHA)
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Nina Gorka	Director of Shelters and Clinical Services	YWCA Toronto

Healthcare – Focus Group		
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Taneika Thompson	Nurse Manager	Inner City Health Associates (ICHA)
Tina Kaur	Nurse Manager	Inner City Health Associates (ICHA)

Table 6 - Healthcare Focus Group

Harm Reduction Focus Group		
Name	Title	Organization
Richard Kikot	Supervisor of Harm Reduction	Parkdale Queen West Community Health Centre
Chris Langford	Supervisor – Hotel Safe Injection Sites	The Works
Shawna Milak	Harm Reduction Counselor	The Works
Sarah Collins	Dir. Of Mental Health and Homelessness Services Hotel Programs	LOFT Community Services
Lorie Steer	VP of Urban Health	The Neighbourhood Group
Marjorie Corsame	Harm Reduction Counselor	The Works
Angela Robertson	Executive Director	Parkdale Queen West Community Health Centre
Amber Kellen	Director of Urban Health and Homelessness Department	The Neighbourhood Group
Kylee Benoy	Harm Reduction Counselor	The Works
Taneisha Morgan	Harm Reduction Counselor	The Works

Table 7 - Harm Reduction Focus Group

Right 2 Housing Toronto (R2HTO) Focus Group		
Name	Title	Organization
Regini David	Outreach and Law Reform Coordinator	West Scarborough Legal Services
Priya Shastri	Networks Coordinator	WomanACT (Woman Abuse Council Toronto)
Georgie Dent	Executive Director	Metro Tenants Association

Table 8 - Right 2 Housing Toronto Focus Group

Hotel Operators Focus Group		
Name	Title	Organization
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Alexandra Perry	Assistant Director of Community Partnerships and Client Service	Homes First Society
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Lesley McMillan	Associate Director	Covenant House
Megan Dealhoy	Shelter Manager	Kennedy House Youth Services
Melanie Smith	Supervisor, Community Engagement	Dixon Hall Neighbourhood Services

Hotel Operators Focus Group		
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Phil Clarke	Chaplain	Gateway Men's Shelter
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Stephanie Corringham	Director – Florence Booth House	The Salvation Army
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Yazmins Shroff	Supervisor of Living Standards	Homes First Society

Table 9 - Hotel Operators Focus Group

Harm Reduction Peer Workers Focus Group		
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Carlos Garcia	Peer Support Worker	The Neighbourhood Group
Michelle Farmer	Peer Support Worker	The Neighbourhood Group
Ashley King	Isolation Support Worker	MOVID/The Neighbourhood Group
Ajmer D	Peer Support Worker	The Neighbourhood Group
Brashad	Peer Support Worker	The Neighbourhood Group
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Table 10 - Harm Reduction Peer Workers Focus Group

Mobile Outreach Harm Reduction (MOVID) Focus Group		
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Sania Shetti	Harm Reduction Coordinator	Parkdale Queen West Community Health Centre
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Emma Beer	Harm Reduction Coordinator	Parkdale Queen West Community Health Centre
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Table 11 - Mobile Outreach Harm Reduction Focus Group